STATEMENT OF DEFICIFICIES AND PLAN OF CORRECTION	& MEDICAID SURVICES (X1) PROVIDENSOPPLIFICATION NUMBER:	(X2) MU1,7 A. BUILDII	TRUE CONSTRUCTION NG 01 - MAIN BUILDING 01	<u>OMB N</u> (×a) 0	RM APPROT IO. 0938-0 PATE SURVEY OMPLETED
MAME OF PROVIDER OR SUPPLIER	445108	H, WING	_	1	
NHC HEALTHCARE, MURFRE			STREET ADDRESS, CITY, STATE, ZIP CO 420 N UNIVERSITY ST MURITREESBORO, TN 37130	_ <u> </u>	<u>0/31/2016</u>
TOTAL CONTRACTOR DESIGNATION OF THE CONTRACTOR O	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID I'REFIX TAG	1'ROVIDER'S PLAN OF GORK (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AR	JOHN SOF	(XS) COMPLITY OATT
Division of Health Lic Office of Health Care 10/31/16. During this Murfressboro was for compliance with the n in Medicare/Medicaid 483.70(a), Life Safety National Fire Protectic standard 101-2000. The requirement at 42 is NOT MET as evider NFPA 101 LIFE SAFE SS=D Corridors are separate constructed with at lea rating. In fully sprinklen partitions are only requ of smoke. In non-sprint extend to the underside	Survey was conducted by the Department of Health ensure and Regulation Facilities survey on Life Safety Survey, NHC of and not in substancial equirements for participation at 42 CFR Subpart from Fire, and the related on Association (NFPA) (CFR), Subpart 483.70(a) need by: TY CODE STANDARD If from use areas by walls set 1/2 hour fire resistance ed smoke compartments, ired to resist the passage klered buildings, walls	K 000	This Plan of Correction is submitted under State and Federal Law and disconstitute an admission on the part that the findings cited are accurate, findings constitute a deficiency, or than severity regarding the deficiency correctly applied. Plan of Correction K 017 The penetrations cited were filled of 12/02/16. Firestop Technologies, Inc. have becontacted and are on site to severe	ver not If the facility that the lat the scope railed are	12/02/16
at the underside of coiling permitted by Code, Chawailing areas, dining roomay be open to corridor specified in the Code, Generated from corridor if the gift shop is fully spanded from corridor if the gift shop is fully spanded. This STANDARD is not Based on observations, maintain corridor walls. The findings included:	idor walls may terminate ngs where specifically irting and elerical stations, oms, and activity spaces under certain conditions lift shops may be so by non-fire rated walls rinklered.) 5.4, 19.3.6.5 met as evidenced by: the lacility failed to	INCE TO THE PROPERTY OF THE PR	stopping holes in the corridor walls a ceiling at Room 219. The ongoing Quality Assurance, Administrator and Director of Maintereviewed the scope of all K-tag on the Maintenance Director will in-service operation staff regarding each tag. Maintenance Director will incorporate regarding wall penetrations in the comongoing maintenance logs. Maintenance doing semi-annual fire wall penetrated tags with any contractors that will be controlled any work at the center.	enance es survey. all plant e issues ter's nce will thous. tho	

RM CMS-2567(02-00) Previous Versions Obsolete

Event (Q: CHYD21

Facility ID: TN7505

If continuation sheet Page I of 12

DEDVIS	EMENT OF HEAD	THAND HUMAN SERVICES			
	AND LOW MICHOLOGICAL	RF & MEDICAID SERVICES			PRINTED: 11/03
STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PRÖVIDER/SUPPLIS (2001)			FORM APPR OMB NO. 0938
	# COMMISCHON	IDUNTIFICATION NUMBER:	V BUILDII	TPLE CONSTRUCTION	(X3) DATE SURVI
		1	1 1 6011 001	NG 04 - MAIN BUILDING 01	COMPLETED
	_	445108	B. WING		
MANNIE OF E	ROVIDER OR SUPPLIE	, 			<u> 10/</u> 31/201
NHC HEA	U.THCARE, MURFR	FESSURO	1	STREET ADDRESS, CHY, STATE, 781 CODE	
— —,		L1.3BORO	,	420 N UNIVERSITY ST	
-(X4).() PREPIX:::	SUMMARY ST	ATPMENT OF DEFICIENCIES	┬ <i>──-</i> └-	MURFREESBORO, TN 37130	
TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRLIFIX	PROVIDER'S PLAN OF CORRECTI	ON TO THE
		OO IDER (IF YING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-RELI ERFINGED TO THE APPRO	
	_		<u> </u>	DEFICIENCY)	PRIATE DATE
K 017 (Continued From pa	arrea 1	{		- + -
	Observation on 10/	31/16 at 12:31 PM, revealed	K 017	Firestop Technologies will be contacte	ed if any
ti	he following holes	in the conidor walls above the			
c	~~~~9 @ 100101 7 19.	in the contact walls above the		The street of th	
a	L 3"x3"	ſ		and add any systems or maintains will t	e used
ļЬ	· • ^ ~			judgements not included in systems bo	_1_
	. 2"x2"			I Systems on	ok.
111	IFPA 101, 19.3.6.2.	.1 (2000 Edition)		Good noo rrass	ł
М	laintenanco etattu.			(End POC K 017)	12/02/16
de	ennemance som w ∂licioncies were ia⁄	as present when the entitled, and acknowledged			ĺ
by	the administrator	during the exit conference on		•	
,	— 10,				1
K 018 NI	TPA 101 LIFE SAF	ETY CODE STANDARD			ĺ
		1	K 018	Plan of Correction K 018	1
. Do	ons protecting corr	ridor openings in other than		The section of 019	
			ł	***	
			- 1	Win. S. Trimble Company, Inc. has been	n.
		of 13/4 inch solid-bonded of resisting fire for at least	- 1	TOTAL DESCRIPTION OF THE PARTY AND ALL OF	
1 - 1 - 2	THE WILLIAM CARRATATION	M DONAGO LOMENTO A CONTRACTOR OF A CONTRACTOR	}	across from the 2 East Dining Room and door in the equipment room by the 2 East	/
1	A HOOF CONTRIBUTE IS T	101 02000 of inv 4 : 1 o	Ì	Dining Room.	t 12/15/16
			ſ		
			ĺ.	The 2 East Shower Room door will be	12/15/16
1		CIDSIDA 44 MIX 3 14 1		replaced with a door latch.	127 (1711)
1000	TO DE VICES THAT FRIE	ase when the decise	١.	Pho Dan Land	
prov	ridad with a posse	pennitted. Doors shall be	1	The Penetration in the 2 West clean linen	
door	Closed Dutch do	s suitable for keeping the ors meeting 19,3,6,3,6 are		Room by 233 will be repaired.	12/02/16
1 50011	mucu. Duai name	8 611311 PO 1-25-1-2-2-1-1-2-1-1-2-1-1-2-1-1-2-1-1-2-1-1-2-1			
بعوريا	or or steel or other.	materiale in conseiler at	17	he patient room corridor door 128 will b	_
""	V.C. O.A. I. ROBELTO	NCDES 200 problem at least 1	1 -	Physical Dy Icolacing a figs rated assists	e 12/15/16
	z ายผมเสมเบมราก ภัย เ	health care facilities.	מַ [rovide no gaps in the corridor door.	AAI 10/ LD
1 9.50,	.U.J	!			ı
Lhis	STANDARD is no	t met as evidenced by:	1,1	he cross corridor door has been replaced	bv
04.14	ea on observalions	S The tacility failed to	''	Auriore Comband	12/15/16
man	tain corridor doors.	-	, (,	and BOC K 018)	``1
The f	indings included:	1	-		1
'''	usungs njoladed.	}	1		
 S-2507/02-00) Previous Versions Obsol				[[
	A reactors Asterious Opyol	ele Event ID: CHYD21	<u> </u>	D: TN750s	1)

CLNTERS FOR MEDICARL & MEDICAID SERVICES STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULT	FORM APPRO OMB NO. 0938-((X3) DATE SHRVEY COMPUTINED		
HAMI O	F PROVIDER OR SUPPLIFR	445108	8 WING	<u> </u>	
	EALTHOARE, MURERE			STREEL ADDRESS, CITY, STATE, ZIP OF 420 N UNIVERSITY ST	10/31/2016
-{X4) ID PRFFIX TAG	(CACH THE TENCY	NTEMENT OF DEFICIENCIES Y MUST BL PRECEDED BY BULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	MURFREESBORO, TN 37130 PROVIDER'S PLAN OF CORR (FACH CORD CTIVE ACTIONS CROSS-REF-LRENCED TO THE A DEFICIENCY)	
K 018	o o manaca r rom pa	•	K 01		
·	I MANAGEMENT OF THE TABLE	0/31/16 at 10:49 AM, revealed estroom door across from the NFPA 101, 19.3.6,3 (2000		The ongoing Quality Assurance, Administrator and Director of Mareviewed the scope of all K-tag of Maintenance Director will in-serve operation staff regarding each tag	n the survey. vice all plant
J		0/31/16 at 10:50 AM, revealed quipment room next to the 2 PA 101, 19.3.6.3 (2000		Maintenance Director will incorp regarding doors and door penetrat center's ongoing maintenance log Inspections will be done monthly recorded in the maintenance log.	ions in the s. s. and
1	the frame. NFPA 101	/31/16 at 11:21 AM, revealed m door did not latch within 19.3,6.3.2 (2000 Edition)			12/15/16
į	py room 233, NFPA 10	31/16 at 11:28 AM, revealed Vest clean linen room door 01, 19.3.6.3 (2000 Edition)	-	_	
}6	ver 1/2 inch. NFPA 10	31/16 at 11:29 AM, rovealed door 128 had a top gap of 01, 19.3.6.3 (2000 Edition)			
CC fra	200 (400) 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1:00 PM, revealed a cross of not latch within the			
by 10.	/31/16.	fied, and acknowledged ing the exit conference on			
Sta sha		Y CODE STANDARD ts, light and ventilation r vertical openings	K 020		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVLY COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DV	TE SURVLY MPLETED
·		445108	B. WING_		1.	W2412040
NHC HE	PROVIDER OR SUPPLIER ALTHCARE, MURERE			STRELT ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130	_1_10)/31/2016 :
(X4) ID PREFIX TAG	(CACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST REPRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREITX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D BENY WAY	(X5) Y-"ÇĞMPLETION DATE
K 021 SS=D	having a fire resistate hour. An atrium mare 8.2.5, 8.2.5.6, 19.3. This STANDARD is Based on observate maintain the elevated. The finding included the finding included the shaft masonry with the shaft mason	nce rating of at least one y be used in accordance with 1.1 a not met as evidenced by; ions, the facility failed to or shaft. It is 10:03 AM, revealed a sel pipe not sealed penetrating all in the basement elevator .3.1 (2000 Edition) as present when this ified and was later a administrator during the exit /16. ETY CODE STANDARD sageway, stairway enclosure, e barrier or hazardous area cosing and kept in the closed open by as release device 8.2 that automatically closes thout the smoke a facility upon activation of: aual fire alarm system and ectors designed to detect gh the opening or a required tem and rinkler system, if installed	K 021	Fire Stop Technology will correct the penetration of the shaft masonty wall basement elevator shaft. The ongoing Quality Assurance, Administrator and Director of Main reviewed the scope of all K-tag on the Maintenance Director will in-service operation staff regarding each tag. Maintenance Director will incorporate regarding wall penetrations in the ceongoing maintenance logs. Mainten be doing semi-annual fire wall penetrations every 6 months. Mainten Director will also review the cited taging contractors that will provide any the center. Fireston Technologies will be contarted.	tenance tenance tenance te survey, c all plant ate issues trations nance trations in the used	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/03/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCILS AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE/CCIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING 01 - MAIN BUILDING 01 COMPLETED 445108 10/31/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NHC HEALTHCARE, MURFREESBORD 420 N UNIVERSITY ST MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙD (EACH DEFICIENCY MUST BE PRECEDED BY FULL 1 COMPLETION: ... PREITX (FACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO HIL APPROPRIATE TAG DEFICIENCY) K 021 Plan of Correction K 021 Continued From page 4 K 021 The Fire doors on 2nd floor by West Nurse's Boiler rooms, heater rooms, and mechanical Station have been replaced by Wm. S. equipment rooms doors are kept closed. Trimble Company on 11/17/16. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the cross corridor smoke doors, The ongoing Quality Assurance, Administrator and Director of Maintenance The findings included: reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant Observation and testing of the fire alarm system operation staff regarding each tag. on 10/31/16 at 1:00 PM, revealed a cross corridor Maintenance Director will incorporate issues door (1 of 2) 2nd floor by West nurses station did regarding doors and door penetrations in the not latch within the frame when realeased upon center's ongoing maintenance logs. alarm activation. NFPA 101, 4.6.12.1 (2000 Edition), NFPA 101, 8.3.4.3* (2000 Edition), Inspections will be done monthly and recorded in the maintenance log. Maintenance staff was present when the deficiencies were identified, and acknowledged (End POC K 621) 11/17/16 by the administrator during the exit conference on 10/31/16. K 029 NFPA 101 LIFE SAFETY CODE STANDARD K 029 Plan of Correction K 029 SS=F One hour fire rated construction (with a hour The penetrations in the basement boiler room fire-rated doors) or an approved automatic fire masonry walls were repaired by Fire Stop extinguishing system in accordance with 8.4.1 Technologies. 11/18/16 and/or 19.3.5.4 protects hazardous areas. When Assurance, Administrator and Director of the approved automatic fire extinguishing system Maintenance reviewed the scope of all K-tag option is used, the areas are separated from on the survey. Maintenance Director will inother spaces by smoke resisting partitions and service all plant operation staff regarding each doors. Doors are self-closing and non-rated or tag. Maintenance Director will incorporate field-applied protective plates that do not exceed issues regarding wall penetrations in the 48 inches from the bottom of the door are center's ongoing maintenance logs. permitted. 19.3.2.1 Maintenance will be doing semi-annual fire This STANDARD is not met as evidenced by: wall penetrations, Maintenance Director will Based on observations, the facility failed to also review the cited tags with any contractors maintain the hazardous areas. that will provide any work at the center. Firestop Technologies will be contacted if any

The finding included:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIFIEL CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
, <u>.</u> .		44510B	B. WING _		40/04/0040	
-	PROVIDER OR SUPPLIER ALTHCARE, MURFRE	ESBORO	.	STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130	<u> 10/31/2016</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMEN'I ON DEFICIENCIES MUST BE'PRECEDED BY I'ULL CONTREYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (FACI I CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DIFFICIENCY)	LD IN ****** COMPLETION	
K 029 K 038 SS≂D	Observation on 10/3 multiple penetrations boiler room masonny (2000 Edition) Maintenance staff wideficiency was ident acknowledged by the conference on 10/31 NFPA 101 LIFE SAFExit access is arrang accessible at all time 7.1. 19.2.1 This STANDARD is	11/16 at 10:12 AM, revealed in the basement walls. NFPA 101, 19.3.2.1 as present when the lifted and was later administrator during the exit	K 038	maintain any new or damaged penet the fiture. A log of UL Systems will and add any systems or engineering judgements not included in systems (End POC K 029)	rations in il be used book. 8 Emoved	
K 054 SS=D	exit door by room 16- arrangements (thumb NFPA 101, 7.2.1,5.4 (Maintenance staff wa deficiencies were idea by the administrator of 10/31/16. NFPA 101 LIFE SAFE All required smoke de activating door hold-omaintained, inspected with the manufacturer This STANDARD is re	I/16 at 12:55 PM, revealed I was locked by 2 locking a latch and magnetic lock). (2000 Edition) s present when the ntified, and acknowledged luring the exit conference on ETY CODE STANDARD etectors, including those pen devices, are approved, I and tested in accordance is specifications. 9.6.1.3 not met as evidenced by: ns, the facility failed to	K 054	The exit door by Room 161 lock will be not to prevent 2 locks to be on the door. The ongoing Quality Assurance, Administrator and Director of Mainter reviewed the scope of all K-tag on the Maintenance Director will in-service a operation staff regarding each tag. Maintenance Director will incorporate regarding doors in the center's ongoin maintenance logs. Inspections will be monthly and recorded in the maintenance	nance survey, all plant sissues g	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/03/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44510B 10/31/2016 NAME OF PROVIDER OR SUPPLIFIC STREET ADDRESS, CITY, STAYE, ZIP CODE 420 N UNIVERSITY ST NHC HEALTHCARE, MURFREESBORO MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEFICIENCIES (X4) IU PROVIDER'S PLAN OF CORRECTION ID (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX ** * (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 054 Continued From page 6 K 054 Plan of Correction K054 maintain the smoke detectors. The smoke detector in the ice room next to the 2 11/21/16 West elevator was moved to not be within 3 feet of The findings included: an air flow. Observation on 10/31/16 at 11:39 AM, revealed the smoke detectors within 3 feet of an air flow in The A/C vent was moved in the basement laundry 11/21/16 the following locations: room (dryer side). a. Ice machine room next to the 2West elevator The air conditioner vent will be moved to not be b. Basement laundry room (dryer side) 12/02/16 within 3 flot of air flow. c. Fire alarm room. NFPA 101, 19.3.4.5.1 (2000 As part of the conter's ongoing Quality Edition) NFPA 101, 9.6.1.7 (2000 Edition) NFPA Assurance, Administrator and Director of 72, 2-3.5.1 (1999 Edition) Maintenance reviewed the scope of all K-tag Maintenance staff was present when the on the survey. Maintenance Director will indeficiencies were identified, and acknowledged service all plant operation staff regarding each by the administrator during the exit conference on tag. Maintenance Director will incorporate issues in the center's ongoing maintenance 10/31/16. K 062 NFPA 101 LIFE SAFETY CODE STANDARD logs. Maintenance will do quarterly K 062 inspections of smoke detectors and Simplex SS≂D Grinnell will maintain yearly inspections. Required automatic sprinkler systems are Maintenance Director will also review the continuously maintained in reliable operating condition and are inspected and tested cited tags with the sprinkler vendors that 12/02/16 conduct the center's required inspections. periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, End POC K054) 9.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system. The findings included:

FORM CMS-2557(02-99) Previous Versions Obsolote

a. Sump Pump room (2)

2-2.1.1 (1998 Edition)

b. Area behind commercial dryers (1)c. Down stairs boiler room (1), NFPA 101,

1. Observation on 10/31/16 at 10:14 AM, revealed corroded sprinklers in the following locations:

19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25,

Event ID; CHYD21

Facility ID: TN7505

If continuation sheet Page 7 of 12

PRINTED: 11/03/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEHICIENCIES (X1) PROVIDE IVSUPPLIER/CLIA IDENTILI (CATION NUMBER-(X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445108 NAME OF PROVIDER OR SUPPLIER 10/31/2016 STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST NHC HEALTHCARE, MURFREESBORO MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION TEACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION "PREFIX EACH CORRECTIVE ACTION SHOULD BL REGULATORY OR LSC IDENTIFYING INFORMATION) 1'AG CROSS-RUI ERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 062 Continued From page 7 Plan of Correction K062 K 062 2. Observation on 10/31/16 at 11:10 AM, revealed storage within 18 inches of sprinklers in the 2.) Patient Rooms 103, 109 and 113 the following patient room closets: 103, 109, 113, and closets were removed of any storage 114. NFPA 101, 19.3.5.1 (2000 Edition), NFPA within 18" of sprinklers. 11/16/16 101, 9.7.1.1 (2000 Edition), NFPA 13, 5-5.6 (1999 3.) Simple Grinnell will replace the damaged Edition), sprinklers in the following locations: 3. Observation on 10/31/16 at 11:30 AM, revealed closet 104, I East Formal Dining Room, 12/15/16 I East Activity Room, Patient Room 136 a damaged sprinklers in the following locations: a. Closet 104 4.) Simplex Grinnell will replace the missing b. 1 Formal east dining room escutcheon plate from the sprinkler in c. 1 East activity room 12/15/16 room 234. d. Patient room 136. NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1998 5.) The Post Indicator Value's position on 12/15/16 Edition) Bell Street wall mounted will be replaced by Simplex Grinnell, 12/15/16 6.) Simplex Grinnell will repair the metal 4. Observation on 10/31/16 at 11:41 AM, revealed clad wire supported by the sprinkler pipe an escutcheon plate missing from the sprinkler in above the ceiling at the cross corridor room 234. NFPA 101, 19.3.5.1 (2000 Edition) wall by 2/9/17, NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12/15/16 3-2.7.2 (1999 Edition) 7.) Simplex Grinnell will repair sprinkler in the stair well on the first floor landing on 5. Observation on 10/31/16 at 11:49 AM, revealed I East. 12/15/16 the Bell Street wall mounted Post Indicator Valve 8.) The sprinkler deflection in Room 121 s position indicator was illegible. NFPA 101, will be replaced by Simplex Grinnell. 12/15/16 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 9.) The shower curtains in patient rooms 9-3.3.2 (1998 Edition) 150-165 were removed to allow sprinkler 12/15/16 sprtly accors. Observation on 10/31/16 at 12:31 PM, revealed As part of the center's ongoing Quality a metal clad wire being supported by the sprinkler Assurance, Administrator and Director of pipe above the ceiling at the cross corridor wall by Maintenance reviewed the scope of all K-tag 219. NFPA 101, 19.3.5.1 (2000 Edition) NFPA on the survey. Maintenance Director will in-101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 12/15/16 Edition) NFPA 25, 2-2.2 (1998 Edition)

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/03/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER. A. BUILDING 01 - MAIN BUILDING 01 COMPLIBITION 445108 NAME OF PROVIDER OR SUPPLIER 10/31/2016 STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST NHC HEALTHCARE, MURFREESBORO MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (EACH BEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PRÉMA (LACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TΛG DEFICIENCY) K 062 l Continued From page 8 K 062 7. Observation on 10/31/16 at 12:32 PM, revealed service all plant operation staff regarding each a sprinkler out of correct orientation in the tag. Maintenance Director will incorporate stairwell first floor landing (1 east). NFPA 101, issues regarding sprinkler heads in the center's 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 ongoing maintenance logs. Maintenance will Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, perform quarterly sprinkler inspections and 2-2.1.1 (1998 Edition) Simplex Grinnell will provide annual inspections. Maintenance Director will also review the cited tags with the sprinkler 8. Observation on 10/31/16 at 12:32 PM, revealed vendors that conduct the center's required a sprinkler deflector covered with sheetrock mud inspections. 12/15/16 in the closet of patient room 121. NFPA 101, (end POC K062) 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25. 2-2.1.1 (1998 Edition) 9. Observation on 10/31/16 at 12:35 PM-12:45 PM, revealed shower curtains obstructing sprinkler spray pattern in the bathrooms of patient rooms 150-165. NFPA 101, 19.3.5.1 (2000) Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, Table 5-6.5.1.2(1999 Edition). Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16. Plan of Correction K064 NFPA 101 LIFE SAFETY CODE STANDARD K 064 K 064 SS=D The portable fire extinguisher was removed that Portable fire extinguishers shall be installed, was sitting on the cubinet in the outpatient therapy inspected, and maintained in all health care room. occupancies in accordance with 9.7.4.1, NFPA 10. As part of the center's ongoing Quality Assurance, Administrator and Director of 1B.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Maintenance reviewed the scope of all K-tag. on the survey. Maintenance Director will in-Based on observations, the facility failed to service all plant operations staff regarding maintain the portable fire extinguishers. each tag. Maintenance Director will monitor mouthly all areas to prevent any fire The finding inlauded: extinguishers to be placed in correct areas. 11/16/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMEN	NT OF DEFICIENCIES	NAS AMERICAN	т		<u>)MB NC</u>	<u>). 0</u> 938-039
AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. HURDING 01 - MAIN BUILDING 01			TE.SURVEY MPI.F(FI)
 		445108	B. WING_		1 40	104/0040
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	110	/31/2016
NHC H	EALTHCARE, MURFRE	ESBORO	ļ	420 N UNIVERSITY ST		
				MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (FAC) I CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	A filtraid to a	(
K 064	Continued From page 9		K 06	4		
	portable fire extingue cabinet) in the outpate (pediatric). NFPA 10	11/16 at 11:31 AM, revealed a isher not secured (sitting on a attent therapy room 1, 19.3.5.6 (2000 Edition), 000 Edition), NFPA 10,			٠, ٠	
K 069 SS≒D	deficiency was idential acknowledged by the conference on 10/31 NFPA 101 LIFE SAF Cooking facilities are with 9.2.3. 19.3.2.6	e administrator during the exit /16. ETY CODE STANDARD protected in accordance S. NFPA 96	K 069	The Dietary Partner was in-serviced on	լ նիս	11.5.4
	This STANDARD is Based on observation failed to protect the k	not met as evidenced by: ons and interview, the facility offichen equipment.		procedures in the event of manual active of the kitchen hood suppression system event of a fire.	ration	11/01/16
	member 1 on 10/31/1 staff member was no event of manual activ suppression system in 101, 19.3.2.6 (2000 E	rview with kitchen staff 6 at 10:57 AM, revealed the t familiar with procedures in ration of the kitchen hood in the event of a fire, NFPA ridition), NFPA 101, 9.2.3 96, 8-1.4 (1998 Edition)		The ongoing Quality Assurance, Administrator and Director of Maintenare reviewed the scope of all K-tag on the s Maintenance Director will in-service al operation staff regarding each tag. Maintenance Director and the Dietary manager will in-service the Dietary Statand any new staff upon hire of correct procedures of the kitchen hood suppress system in the event of a fire,	survey. l plant	
K 073 SS=E	conterence on 10/31/ NFPA 101 LIFE SAFE Combustible decoration	led and was later administrator during the exit	· К 073			
M CMS-256	7(02-99) Previous Versions Ob					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/03/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/GUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445108 B. WING NAME OF PROVIDER OR SUPPLIER 10/31/2016 STREET ADDRESS, CHY, STATE, ZIP CODE NHC HEALTHCARE, MURFREESBORO 420 N UNIVERSITY ST MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEFICIENCIES. (X4) (D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY: FULL " PRÉFIX (X5) 272: PREFIX (FACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INCORMATION) COMPLETION IAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY K 073 Continued From page 10 K 073 quantity that hazard of fire development or spread Plan of Correction K073 is not present. 18.7.5.4, 19.7.5.4 Maintenance Director has ordered Fire This STANDARD is not met as evidenced by: Retardant material to treat door decorations. Based on observations and document review, the facility failed to prohibit combustible decorations. As part of the center's ongoing Quality The finding inlauded: Assurance, Administrator and Director of Maintenance reviewed the scope of all K-lag Observation on 10/31/16 at 11:22 AM- 12:00 PM, on the survey. Maintenance Director will inrevealed combustible door decorations service all plant operation staff regarding each throughout the facility that were not treated with tag. Maintenance Director will incorporate flame retardant. NFPA 101, 19.7.5.4 (2000 issues regarding door decorations in the Edition) center's ongoing maintenance logs. 12/15/16 Policy will be in-serviced with staff and Maintenance staff was present when this Families on Combustible decorations. deficiency was identified and was later acknowledged by the administrator during the exit conference on 10/31/16. K 147 NFPA 101 LIFE SAFETY CODE STANDARD Plan of Correction K147 K 147 SS≃D Electrical wiring and equipment shall be in Nixon Power has been contacted and will conduct accordance with National Electrical Code. 9-1.2 an annual 1/2 hour generator load bank test. 12/15/16 (NFPA 99) 18.9.1, 19.9.1 The function box faceplate above the ceiling at the This STANDARD is not met as evidenced by: cross corridor wall was replaced in the 1 East Based on observation and document review, the 11/16/16 Activity Room. facility failed to maintain the electrical system. The findings included: In the Fire Alarm Room the med carts were removed that were obstructing the electrical panels. 1. Document review on 10/31/16 at 10:30 AM, A sign will be attached stating nothing to be in 11/17/16 revealed the facility failed to conduct an annual 1 front of electrical panels. ½ hour generator load bank test during 2015. NFPA 101, 19.5.1 (2000 Edition) NFPA 101, 9.1.3 (2000 Edition) NFPA 110, 6-4.2.2 (1999 Edition)

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2. Observation on 10/31/16 at 12:25 PM, revealed a junction box missing its faceptate above the

Event ID: CHYD21

L'acility ID: TN7505

If continuation sheet Page 11 of 12

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/03/2016

CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIFICION **
IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445108 B WING 10/31/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NHC HEALTHCARE, MURFREESBORO 420 N UNIVERSITY ST MURFREESBORO, TN 37130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES Marc ID PROVIDER'S PLAN OF CORRECTION . (XS) COMPLETION PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE *** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE. DEFICIENCY) K 147 | Continued From page 11 K 147 As part of the center's ongoing Quality ceiling at the cross corridor wall by the 1East Assurance, Administrator and Director of activity room. NFPA 101, 19.5.1 (2000 Edition), Maintenance reviewed the scope of all K-tag NFPA 101, 9.1.2 (2000 Edition), NFPA 70. on the survey. Maintenance Director will in-370-28(c) (1999 Edition) service all plant operation staff regarding each tag. Maintenance Director will incorporate 3. Observation on 10/31/16 at 12:27 PM, revealed issues regarding Generator requirements in the electrical panels obstructed by carts in the Fire center's ongoing maintenance logs. Alarm room. NFPA 101, 19.5.1 (2000 Edition), Maintenance Director will also review the NFPA 101, 9.1.2 (2000 Edition), NFPA 70, 110-26 cited tags with the generator vendors that (1999 Edition). conduct the center's required inspections. A planned Maintenance Agreement has been Maintenance staff was present when the signed with Nixon Power Services, LLC for a deficiencies were identified, and acknowledged Semi-Annual Service Agreement and a Load by the administrator during the exit conference on bank Rosistive Test. 10/31/16. 12/15/16